

FILED

DEC 18 2007

SCJ
CLERK

UNITED STATES DISTRICT COURT
 - DISTRICT OF SOUTH DAKOTA
EASTERN DIVISION

HEATH TAYLOR, PRO SE CIV 07-4185
 Plaintiff,

vs.

COMPLAINT

BOB DOOLEY (WARDEN) ET AL
 Defendant.

I. PREVIOUS LAWSUITS

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?
 Yes () No (X)
- B. If your answer to "A" is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county)

3. Docket number _____

4. Name of Judge to whom case was assigned _____

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit _____

7. Approximate date of disposition _____

(1)

II. PLACE OF PRESENT CONFINEMENT MIKE DURFEE STATE PRISON.

- A. Is there a prisoner grievance procedure in this institution? Yes (X) No ()
B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes (X) No ()
C. If your answer is yes,

1. What steps did you take? FILED ADMINISTRATIVE REMEDY

2. What was the result? TREATMENT WAS DENIED
See Attached Administrative remedy.

- D. If your answer is no, explain why not _____

- E. If there is no prison grievance procedure in the in the institution, did you complain to prison authorities? Yes () No ()

- F. If you answer is yes,

1. What steps did you take? _____

2. What was the result? _____

III. PARTIES

In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

- A. Name of Plaintiff HEATH TAYLOR
Address MOSP 1412 WOOD STREET SPRINGFIELD SD 57062

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants.

- B. Name of Defendant BOB DOOLEY ET AL who is employed as
HARDEN at MIKE DURFEE STATE PRISON
(2)

C. Additional Defendants M DSP, MEDICAL STAFF, DIRECTOR HERB SCLAUM, MICHELLE GIELSKIE PHYSICIAN ASSISTANT, JANE HAMILTON RN CLINICAL COORDINATOR

IV. STATE OF CLAIM

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet(s) if necessary.

ON JULY 24 2007 THE ABOVE NAMED DEFENDANTS HAVING FULL KNOWLEDGE THAT PLAINTIFF WAS A MEDICAL PATIENT, WITH HIS EXTENSIVE MEDICAL HISTORY AND LIMITED ABILITY TO WALK UNASSISTED OR PERFORM SUCH ACTIVITY. THE SAID DEFENDANT THEREIN AVOIDED NECESSARY TREATMENT FOR DEFENDANT. THEREFORE CONSTITUTING VIOLATION OF THE CONSTITUTIONAL RIGHTS OF THE PLAINTIFFS RIGHTS, AND IMPOSING LIABILITY UPON SAID DEFENDANT.

V. RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

PLAINTIFF RESPECTFULLY REQUESTS THAT THE COURT IMPOSE LIABILITY AGAINST THE DEFENDANTS, AND MEASURES ELEMENTS OF VIOLATION OF CONSTITUTIONAL RIGHTS AND DAMAGES IN REGARD TO THEIR FAILURE TO PROVIDE MEDICAL TREATMENT. DUE TO THE DEFENDANTS DELIBERATE INDIFFERENCE IN PROVIDING MEDICAL TREATMENT TO THE PLAINTIFF. PLAINTIFF REQUESTS THAT THE COURT FIND LIABILITY AGAINST THE DEFENDANTS AND THAT HE BE AWARDED COMPENSATORY AND PUNITIVE DAMAGES AND WHAT EVER ELSE THE COURT DEEMS PROPER.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Signed and executed this 23 day of Nov -, 2007 (Signed and executed (b))

Heath C Taylor
Signature of Plaintiff

(9/96)

UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH DAKOTA
EASTERN DIVISION

HEATH TAYLOR - PRO-SE

PLAINTIFF

VS.

Supplemental
Petition.

Bob Dooley - (WARDEN) ET AL

DEFENDANT

PLAINTIFFS MEDICAL HISTORY IS DOCUMENTED BY THE VA MEDICAL CENTER. AND YET PROPER TREATMENT IS DENIED BY DEFENDANTS.

DEFENDANTS BEING FULLY INFORMED OF PLAINTIFFS MEDICAL CONDITION THROUGH DOCUMENTS IN CASE AND MEDICAL FILES. PLAINTIFFS MEDICAL FILE CLEARLY DOCUMENTS HIS MEDICAL CONDITION AND REASONABLE TREATMENT OF HIS CONDITION. MEDICAL AND THE DOC'S FAILURE TO PROVIDE SUCH MEDICAL TREATMENT IS A VIOLATION OF THE STATUTES THAT ARE IN PLACE TO PROTECT DISABLED PRISONERS.

ESTELLE V. GAMBLE, 429 U.S. 97 (1976) (DELIBERATE INDIFFERENCE TO PRISONER'S SERIOUS MEDICAL NEEDS CONSTITUTES CRUEL AND UNUSUAL PUNISHMENT); La Font v. SMITH, 834 F. 2d 389 (4th CIR. 1987) (PRISON OFFICIALS VIOLATED EIGHT AMENDMENT BY FAILING TO PROVIDE DISABLED INMATE WITH NEEDED PHYSICAL THERAPY AND ADEQUATE ACCESS TO FACILITIES).

RESPECTFULLY SUBMITTED BY PLAINTIFF PRO-SE,

HEATH TAYLOR - 11-7-2007

Heath L. Taylor



DEPARTMENT OF CORRECTIONS

MIKE DURFEE STATE PRISON

1412 Wood Street

Springfield, South Dakota 57062

(605) 369-2201

Fax: (605) 369-2813

ADMINISTRATIVE REMEDY RESPONSE

REFERENCE # DSP4972

REFERENCE CODE: A

NAME OF COMPLAINANT: Heath Taylor

ID NUMBER: 48900

DATE: 10/29/2007

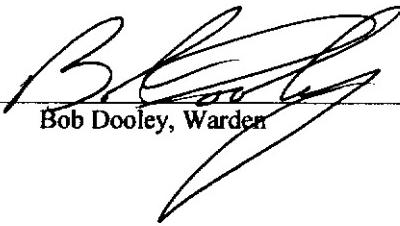
LOCATION: S

RE: Chiropractic Care

STATUS: I

This is in response to your Request for Administrative Remedy wherein you request chiropractic care.

Your request has been reviewed. The Department of Corrections does not authorize chiropractic care. If you need assistance for pain, you will need to attend sick call and discuss your concern with medical staff. This response is for informational purposes.


Bob Dooley, Warden

Original – To inmate

CC – Administrative Remedy File

CC – Unit File

CC – Investigator

CC – Central Records if Disciplinary or Classification